U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official User Col.

5. Position in labor organization.

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FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil panalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E NESS MESS MESS MESS MESS MESS MESS MES	Erone President Into Report.
1. File Number U-16 07 6	2. Fiscal Year Covered From:
	01/01/64 Through: 12/31/04
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Ernest H. Barnett	Name NATIONAL Postal Mail Handlers LLNION Local 330 Labor Organization File Number 5/2 248
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any P.O. Box 8231
Street 465 Reve PL.	Street
City Englie	CHY BOIS-E
State Ideho ZIP Code + 4 83616	State Idicho ZIP Code + 4 83707

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

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6. Name and address of Employer (including trade name, if any).	7.a. Nature of interest, Transaction, or income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the sec	ing documents), has been examined by the signatory and is, to the best of the	
Signed Einet H. Daniel	on 6-8-05 208-939-5546	
	Date Telephone Number	

Form LM-30 (2003)

Name of Person Filing	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Trade Name, if any: P.O. Box, Bklg., Room No., if any Street City State ZIP Code + 4	a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name			
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4			

3.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any). Name First Health Maril Handler Benefit Plan P.O. Box, Bidg., Room No., if any P.O. Box 1910 Street Street ZIP Code + 4 20849	14.a. Nature of payment. My spouse And I were Taken ON A HARbor Cruise & Dinner White in SAN Franciso.
13.b. is the Business an Employer or Consultant?	14.b. Amount of payment.

12.b. Amount.